



**First Heritage Insurance Services Inc.**

Homeowner Policy Quoting Worksheet

Taken By: \_\_\_\_\_

Agent Assigned To: \_\_\_\_\_

CSR Assigned To: \_\_\_\_\_

Date Information Obtained: \_\_\_\_\_



**Property & Contact Information**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_, FL \_\_\_\_\_  
Mailing Address (If different) \_\_\_\_\_  
Phone #s: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_ Referred By: \_\_\_\_\_  
Occupation(s): \_\_\_\_\_  
SSN<sub>1</sub>: \_\_\_\_\_ DOB<sub>1</sub>: \_\_\_\_\_ SSN<sub>2</sub>: \_\_\_\_\_ DOB<sub>2</sub>: \_\_\_\_\_  
Smokers? Y N # of Occupants \_\_\_\_ Aware of any sinkhole claims or settling at property or previous address?

**Home Information**

Year Built: \_\_\_\_\_ (Years Old \_\_\_\_\_)  
# of Stories \_\_\_\_\_ More than 1 acre? Y N \_\_\_\_  
Square Footage \_\_\_\_\_  
Subdivision: \_\_\_\_\_  
Frame / Concrete Block  
Garage / Carport ( \_\_\_\_ # Cars) Attached / Detached  
Owner Occupied / Rented  
Year-Round / Seasonal \_\_\_\_ mos.  
Business on Premises \_\_\_\_\_  
# Bedrooms \_\_\_\_\_  
# Bathrooms \_\_\_\_\_  
CH&A / Window Unit / Other: \_\_\_\_\_  
Fireplace Y N Alternate Heat Source: \_\_\_\_\_  
Roof Type: Hip / Gable / Other: \_\_\_\_\_  
Roof Material: Shingle / Tile / Tin / Other: \_\_\_\_\_  
Foundation Type: Concrete Slab / Open / Closed  
Updates To Home: Roof \_\_\_\_\_ Electrical \_\_\_\_\_  
Plumbing \_\_\_\_\_ Windows \_\_\_\_\_ Heating \_\_\_\_\_  
Paint \_\_\_\_\_ Other: \_\_\_\_\_  
# of Visible Neighbors: \_\_\_\_\_

**Underwriting Information**

Own Dirt Bike / Go-Cart / ATV / Other RV  
Responding Fire Dept. \_\_\_\_\_ Distance \_\_\_\_  
Distance to Fire Hydrant \_\_\_\_\_  
Dogs \_\_\_\_ (Breed \_\_\_\_\_) Biting History Y N  
Other Animals \_\_\_\_\_  
Pool (Above Ground / In Ground) Fenced Y N  
Diving Board / Slide Y N Screened Encl. Y N  
Trampoline Y N  
Distance to Shore: \_\_\_\_\_ Tidal Water w/in 2mi \_\_\_\_  
Any Conviction of Coverage Fraud or Arson Y N  
Is the Property under Construction / Renovation \_\_\_\_  
Deadbolts / Fire Extinguisher / Smoke Detector  
Storm Shutters / Protective Wind Resistant Glass  
Alarm System (Central / In-House) Fire Alarm  
Any insurance claims / losses in past 3 years?  
\_\_\_\_\_  
Bankruptcy / Judgment / Repossession / Foreclosure  
New Purchase: Y N Mortgagee / Individual  
Closing Date: \_\_\_\_\_ Mort Co. \_\_\_\_\_  
Prior Coverage: \_\_\_\_\_

**Coverage Information**

Cov A: Dwelling \_\_\_\_\_  
Cov B: Other Structures \_\_\_\_\_  
Cov C: Contents \_\_\_\_\_  
Cov D: Loss of Use \_\_\_\_\_  
Cov E: Liability \_\_\_\_\_  
Cov F: Medical Payments \_\_\_\_\_  
Deductible: \_\_\_\_\_  
Additional coverage for: Boats  
Computers Furs Guns Jewelry  
Silverware Satellite Dish Etc.  
Additional Information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Replacement Valuation**

Exterior Material: \_\_\_\_\_  
Porch or Patios: \_\_\_\_\_ ft<sup>2</sup>  
Glass Sliding Doors \_\_\_\_ # French Doors \_\_\_\_ #  
Jacuzzi \_\_\_\_ # Upgraded Windows \_\_\_\_ #  
Interior Wall Covering: \_\_\_\_\_  
Floor Covering: \_\_\_\_\_  
Kitchen: BG Custom Designer  
Baths: \_\_\_\_ # BG Custom Designer  
Additional Upgrades: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Quotes Received**

Companies: \_\_\_\_\_  
\_\_\_\_\_  
Misc. Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Companies**

THIG Universal Homewise United Cabrillo Citizens USF&G  
Liberty Am Am Reliable St. Johns